



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Teresa Lechner-Fish	§	GROUP ART UNIT: 2855
		§	
Serial No.:	10/062,200	§	EXAMINER: M. T. Cygan
		§	
Filed:	October 29, 2001	§	Confirmation No.: 9865
		§	
For:	Carrier Gas Pre-Heat System for	§	
	Gas Chromatograph	§	

**AMENDMENT AND RESPONSE TO OFFICE ACTION DATED OCTOBER 20, 2003**

Atty. Dkt. No.: 1787-10100  
Customer No.: 23505  
Date: January 20, 2004

Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA. 22313-1450

Sir:

In response to the Office Action dated October 20, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

01/27/2004 WABDELRI 00000120 032769 10062200  
01 FC:1201 86.00 DA

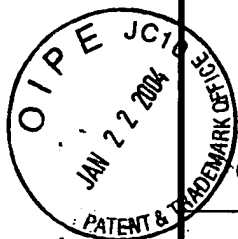
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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/062,200
		Filing Date	October 29, 2001
		First Named Inventor	Teresa Lechner-Fish
		Art Unit	2855
		Examiner Name	M.T. Cygan
Total Number of Pages in This Submission	14	Attorney Docket Number	1787-10100

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): postcard
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Robert M. Gray
Signature	<i>Robert M. Gray</i>
Date	January 20, 2004

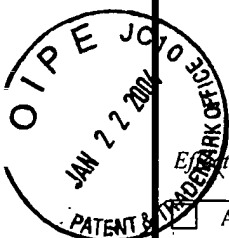
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	Nanci D. Mohr		
Signature	<i>Nanci D. Mohr</i>	Date	January 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 86.00

## Complete if Known

Application Number	10/062,200
Filing Date	October 29, 2001
First Named Inventor	Teresa Lechner-Fish
Examiner Name	M.T. Cygan
Art Unit	2855
Attorney Docket No.	1787-10100

## METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:  
Deposit Account Number: 03-2769  
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  
☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1001	770	2001	385	Utility filing fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	19	-	20	=	x	18.00	= \$
Independent Claims	4	-	3	=	x	86.00	= \$86.00
Multiple Dependent						290.00	= \$00.00

Large Entity		Small Entity		Fee Description
Fee	Code (\$)	Fee	Code (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$86.00

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Name (Print/Type)

Robert M. Gray

Registration No.  
(Attorney/Agent)

41,798

Telephone

(713) 238-8000

Signature

Date

January 20, 2004

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	\$
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$
1053	130	1053	130	Non-English specification	\$
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	\$
18042	920*	1804	920*	Requesting publication of SIR prior to Examiner action	\$
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	\$
1251	110	2251	55	Extension for reply within first month	\$
1252	420	2252	210	Extension for reply within second month	\$
1253	950	2253	475	Extension for reply within third month	\$
1254	1,480	2254	740	Extension for reply within fourth month	\$
1255	2,010	2255	1,005	Extension for reply within fifth month	\$
1401	330	2401	165	Notice of Appeal	\$
1402	330	2402	165	Filing a brief in support of an appeal	\$
1403	280	2403	140	Request for oral hearing	\$
1451	1,510	1452	1,510	Petition to institute a public use proceeding	\$
1452	110	2452	55	Petition to revive - unavoidable	\$
1453	1,330	2453	665	Petition to revive - unintentional	\$
1501	1,330	2501	665	Utility issue fee (or reissue)	\$
1502	480	2502	240	Design issue fee	\$
1503	640	2503	320	Plant issue fee	\$
1460	130	1460	130	Petitions to the Commissioner	\$
1807	50	1806	50	Processing fee under 37 CFR 1.17(g)	\$
123	50	123	50	Petitions related to provisional applications	\$
1806	180	1806	180	Submission of Information Disclosure Stmt	\$
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801	770	2801	385	Request for Continued Examination (RCE)	\$
1802	900	1802	900	Request for expedited examination of a design application	\$

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$

## Complete (if applicable)

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